

**ADULT ADOPTEE REQUESTING COPY OF ADOPTION RECORD  
AND/OR SEARCH FOR BIRTH PARENT(S)**

Your Current Name:	_____	Your Telephone:	_____
Your Street Address:	_____		
Your City/State/Zip:	_____		
Your Birth Name, if known:	_____	Your Date of Birth:	_____
Your Birthplace:	_____	Name of Your Adoptive Parents:	_____
Name of Your Birth Mother at time of severance or relinquishment, if known:	_____		
Name of Your Birth Father at time of severance or relinquishment, if known:	_____		
Name of Agency or person involved in your adoption, if known :	_____		

Please mark only the request(s) that apply:

- ☐ I am requesting a copy of my adoption record  
☐ I am requesting a search to be conducted for my birth mother and/or father.

You must indicate which birth parent(s) you wish to have contact with by checking the appropriate person(s) below:

- ☐ Your Birth Mother's Name (if known): \_\_\_\_\_  
☐ Your Birth Father's Name (if known): \_\_\_\_\_

**WE DO NOT CONDUCT SEARCHES FOR GRANDPARENTS, AUNTS, UNCLES, COUSINS, etc.)**

(Our agency will search for birth sibling(s) **only if** the adoptee and birth siblings had an established relationship prior to being adopted. If interested, please contact our office to complete a sibling search request form.)

**IMPORTANT!! If you have requested contact with your birth mother and/or father, you must complete the Authorization to Release Information form, which must be signed before a notary.**

**IF YOU HAVE REQUESTED A COPY OF YOUR ADOPTION RECORD:**

Within 4 - 6 weeks, you should receive a copy of your adoption record which may include a social history regarding your birth family, medical history, pictures, and correspondence from birth family. **You must be 18 years of age before any information can be released. Proof of identity is required: a copy of your driver's license or copy of your birth certificate is recommended.** If a private agency was involved in your adoption (i.e. Kansas Children's Service League, Lutheran Social Services, Catholic Social Services, etc.) you may need to contact that agency for a more complete copy of your adoption record.

**IF YOU HAVE REQUESTED A SEARCH FOR YOUR BIRTH PARENT(S):**

Our agency will attempt to locate your birth mother and/or father and determine whether they are interested in having contact. The search process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate these persons or they may not be interested in contact. In either event, your search request will be maintained in your adoption record and be available to them should they inquire at a future date. Upon completion, you will be notified of the search results.

**You must return: (1) this completed form, (2) the notarized authorization form (if requesting a search) and (3) proper proof of identification (a copy of your birth certificate or current driver's license) to the address listed above.**

**INCOMPLETE REQUESTS WILL NOT BE PROCESSED.**

\_\_\_\_\_  
*Signature of Adoptee Requesting Record/Search*

\_\_\_\_\_  
*Date*

**AUTHORIZATION TO RELEASE INFORMATION FORM**

**I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:**

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. **\*\*Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

**Your current name:**

**Your telephone number:**

**Your Address:**

**Your cell phone number:**

**Your email address:**

**Your City, State, Zip**

**Information I wish to share to the person I requested to be located:**

\_\_\_\_\_  
**(You must sign your name)**

Signature of Person Authorizing Release of Identifying Information

**(You must sign your name in front of)  
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER**

State of \_\_\_\_\_) (County) of \_\_\_\_\_)

Signed or attested before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Person authorizing release of above info)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Title

(Seal)

My appointment Expires:

(This form supersedes form CFS 7005 REV 1/11)

Return to: Prevention and Protection Services  
Docking State Office Bldg., 5th Floor  
915 SW Harrison Street  
Topeka, KS 66612  
(785) 296-4653

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